

and Medicaid but have not enrolled. Almost ten million uninsured are not citizens. Nine million have high incomes and can afford health insurance but choose not to purchase it. And millions more are without insurance for only a few months between jobs.

When you whittle down the 46 million figure, you get about 10 million people who truly need health insurance. We could buy all of these individuals a gold-plated health insurance policy for one-thirtieth of the cost of the President's health care plan.

The media should give Americans all of the facts on health care, not just give them part of the story.

PERMISSION FOR MEMBER TO BE CONSIDERED AS FIRST SPONSOR OF H.R. 1283

Mr. PATRICK J. MURPHY of Pennsylvania. Madam Speaker, I ask unanimous consent that I may hereafter be considered to be the first sponsor of H.R. 1283, the Military Readiness Enhancement Act, a bill originally introduced by Representative Ellen Tauscher of California, for the purposes of adding cosponsors and requesting reprintings pursuant to clause 7 of rule XII.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Pennsylvania?

There was no objection.

THE NATIONAL DEBT

(Mr. PAULSEN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. PAULSEN. Madam Speaker, I rise today to call attention to a dangerous precedent that was set recently and another record that will be set this week.

Two weeks ago the Treasury Department auctioned off a record \$104 billion worth of U.S. debt in just one week. This week it is going to set the record for the number of auctions held in a given week.

More debt means a weaker dollar and rising interest rates, which will further stifle the housing market, hinder an economic recovery, and shackle future generations with debt. In fact, our debt has reached a level so high that the Federal Reserve has resorted to printing money to buy U.S. Treasuries, a practice that is both dangerous and counterproductive in the long term.

It's time for Congress to rein in reckless spending that's been the status quo here in Washington. Without drastic changes, our debt will continue to rise, and our children and grandchildren will pay the price.

PRESCRIPTION OF THE DAY: MEDICAL JUSTICE REFORM

(Mr. BURGESS asked and was given permission to address the House for 1

minute and to revise and extend his remarks.)

Mr. BURGESS. Madam Speaker, one of the problems today in health care is that too many doctors are forced to practice defensive medicine and face the constant threat of lawsuits and unsustainable medical liability insurance rates. This results in millions of dollars of unnecessary tests and procedures. Furthermore, seasoned medical professionals are retiring early because staying in practice is no longer financially feasible, further contributing to our Nation's physician workforce shortage. It's a growing crisis that is pushing affordable care beyond the reach and grasp of millions of Americans.

National across-the-board change in the medical justice system would lower the costs and improve care by lessening the threat of unnecessary lawsuits. The Medical Justice Act, H.R. 1468, does just that, modeled after the successful Texas reforms passed in 2003. The results are documented reductions in liability insurance rates, reported growth in the number of doctors licensed each year in the State of Texas, increased charity care, amongst others.

To learn more about this very important act and how it is affecting health care in Texas, please visit healthcaucus.org or my Web site, burgess.house.gov.

SPECIAL ORDERS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

THE BABIES ARE EXPENDABLE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Texas (Mr. POE) is recognized for 5 minutes.

Mr. POE of Texas. Madam Speaker, a critically ill baby was born in Canada just last month. Her name is Ava Isabella Stinson. She was born 13 weeks premature and weighed only 2 pounds. Unfortunately, Canada rations health care. And since the government must grant permission for one to have health care access, Ava was unable to get the treatment she needed to survive.

Shortages and rationing under a government system means waiting lists. There was no room at the government hospitals for special needs babies. Not in the entire province of Ontario, Canada. Little Ava had no time to be on a waiting list.

Fortunately for her, Ava's parents were able to quickly transport her to Buffalo, New York. Little Ava's life was saved by the best doctors in the world right here in America.

News reports say that the neonatal intensive care unit in Ontario, Canada, is closed to new patients half of the time. Half of the time, Madam Speaker. That doesn't happen in the United

States. A case like Ava's is not unusual in Canada. Babies with special needs, like being born early, are usually sent to America for care.

Autumn, Brooke, Calissa, and Dahlia Jepps were born in America to Canadian parents back in 2007. The girls are doing just fine now. They are an extremely rare set of identical quadruplets. There was no room for them in any neonatal facility in all of Canada. Their parents flew to Great Falls, Montana, from Calgary so they could be born safely in America. Think about that for a minute. Great Falls, Montana, a city of 56,000 people, offers better access to health care than Calgary, a city of over a million people. Why? Government rationing in Canada.

Government control of health care means less access to health care, unless you are on the government special favorites list. Anyone who has tried to find a doctor or a specialist who uses Medicare knows exactly what that's like.

Bureaucrats try to tell us that more babies survive under government-run health care. They cite higher infant mortality rates in other countries as proof. But these countries skew the statistics. Babies born in some countries are considered stillborn unless they survive longer than 24 hours. You see, they don't count. In Canada, if a baby weighs less than 500 grams when born, that's about a pound, and the baby doesn't survive, they don't count it as a baby. The government calls these babies "unsalvageable." Not able to be saved. "Unsalvageable." What a word.

There's a lot of truth in the use of that word because under a government-run health care system, these babies just aren't worth saving. They are expendable. But they are saved in America. At least for now.

Madam Speaker, the health care debate in America is literally a matter of life and death. It's not about improving quality. America's health care system offers the best quality in the world. That's why everybody comes here.

But when the government runs a health care system, it's all about how much it costs and who the special favorites of government are. Also, government-run health care doesn't pay the doctors or nurses enough to stay in business. That means health care is rationed because there aren't enough doctors to go around. Government then decides who gets treatment and who just loses out. Like the medical ethics expert in Britain I talked about earlier today. She is a government decision-maker, and she says some of the elderly just have a duty to die. In Canada the government lets special needs babies born early just die because they apparently aren't worth the cost of saving. So now the elderly and certain babies are not important enough to be saved under socialized medicine.

In a government-run system, the government decides who gets treatment in medicine and who doesn't. That means